opplication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

| ., ?                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | (Co                                       | IMS AS FILED - PART I<br>(Column 1) |                                             | (Column 2)       |          | SMALL ENTITY TYPE   |                        | OR         | OTHER THAN R SMALL ENTITY |                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|---------------------------------------------|------------------|----------|---------------------|------------------------|------------|---------------------------|--------------------------------------------------|--|
| FOR                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | NUMBE                                     | R FILED                             | NUMBER E                                    | EXTRA            | [        | RATE                | FEE                    |            | RATE                      | FEE                                              |  |
| BAS                                                                                                                                                                                                                                                                                                                                                                                                        | SIC FEE                                                                                                        |                                           |                                     |                                             |                  |          |                     |                        | OR         |                           | 840                                              |  |
| тот                                                                                                                                                                                                                                                                                                                                                                                                        | TAL CLAIMS                                                                                                     | 67                                        | mihus 2                             | 0= + 4'                                     | 7                | 96       | X\$ 9=              |                        | 淄          | X\$18=                    | 846                                              |  |
| NDI                                                                                                                                                                                                                                                                                                                                                                                                        | EPENDENT CLA                                                                                                   | AIMS 49                                   | minus 3                             | 3= * 46                                     | 2                | ALA      | X39=                |                        | RGH<br>OH  | X78=                      | 3588                                             |  |
| MUI                                                                                                                                                                                                                                                                                                                                                                                                        | LTIPLE DEPEND                                                                                                  | DENT CLAIM PF                             | ESENT                               |                                             |                  | high     | +130=               |                        | 9.68<br>OH | +260=                     |                                                  |  |
| • If 1                                                                                                                                                                                                                                                                                                                                                                                                     | the difference i                                                                                               | - · · · <u>·</u> · <u>·</u>               | TOTAL                               |                                             | OR<br>OR         | TOTAL    | 5714                |                        |            |                           |                                                  |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                           |                                     |                                             |                  |          | IOIAL               |                        | IOH        |                           | THAN                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | <u></u>                                                                                                        | (Column 1)                                | umn 1) (Column 2) (C                |                                             |                  | -        | SMALL ENTITY        |                        |            | OTHER THAN SMALL ENTITY   |                                                  |  |
| ENTA                                                                                                                                                                                                                                                                                                                                                                                                       | er (a. j. s. j | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | Para San                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE                           |  |
| AMENDMEN                                                                                                                                                                                                                                                                                                                                                                                                   | Total                                                                                                          | •                                         | Minus                               | **                                          | =                |          | X\$ 9=              |                        | OR         | X\$18=                    |                                                  |  |
| AME                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                                                                                                    | ITATION OF ST                             | Minus                               | ***                                         | =                | [        | X39=                |                        | OR         | X78=                      |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE                                                                                                    | NIATION OF MU                             | JUITE DEF                           | PENDENT CLAIM                               |                  | 1        | +130=               |                        | OR         | +260=                     |                                                  |  |
| 4.0                                                                                                                                                                                                                                                                                                                                                                                                        | er er                                                                                                          | ·                                         |                                     | e e                                         |                  | L        | TOTAL<br>ADDIT. FEE |                        | OR         | TOTAL<br>ADDIT. FEE       |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | (Column 1)                                |                                     | (Column 2)                                  | (Column 3)       |          |                     |                        | <u> </u>   |                           |                                                  |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE                           |  |
| NON                                                                                                                                                                                                                                                                                                                                                                                                        | Total                                                                                                          | <b>€</b> (v. 3                            | Minus                               | **                                          | =                |          | X\$ 9=              |                        | OR         | X\$18=                    |                                                  |  |
| AME                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                                                                                                    | *                                         | Minus                               | ***                                         | <b> -</b>        | 4 [      | X39=                |                        | OR         | X78 <u>=</u>              |                                                  |  |
| ₹.                                                                                                                                                                                                                                                                                                                                                                                                         | HIRST PRESE                                                                                                    | NIATION OF M                              | OLTIPLE DEI                         | PENDENT CLAIM                               |                  | <b>」</b> | +130=               |                        | OR         | +260=                     |                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                           | v                                   | •                                           |                  | L<br>,   | TOTAL               |                        |            | TOTAL<br>ADDIT. FEE       | •                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | (Column 1)                                | 3                                   | (Column 2)                                  | (Column 3)       |          | DOIL FEE            |                        | •          | ADDII. FEE                | <del></del>                                      |  |
| ENTC                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ] [      | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE                           |  |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                           | Total                                                                                                          | •                                         | Minus                               | **                                          | =                | ] [      | X\$ 9= ·            |                        | OR         | X\$18=                    |                                                  |  |
| ME                                                                                                                                                                                                                                                                                                                                                                                                         | Independent                                                                                                    | *                                         | Minus                               | ***                                         | =                | 1        | X39=                | ·                      | OR         | X78=                      |                                                  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST PRESE                                                                                                    | NTATION OF M                              | ULTIPLE DEI                         | PENDENT CLAIM                               | -                | ┛┞       |                     |                        | ·          |                           | <del>                                     </del> |  |
| • 1                                                                                                                                                                                                                                                                                                                                                                                                        | If the entry in colum                                                                                          | nn 1 is less than th                      | ne entry in colu                    | mn 2. write "0" in co                       | lumn 3.          | L        | +130=<br>TOTAL      |                        | OR         | +260=                     |                                                  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate boy in column 1. |                                                                                                                |                                           |                                     |                                             |                  |          |                     |                        |            |                           |                                                  |  |